

**INDIANA DATA BREACH NOTIFICATION FORM**

OAG Form 1079 (R0 / 09-13)

Identity Theft Unit

OFFICE OF ATTORNEY GENERAL
Consumer Protection Division
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204
(317) 233-4393 – Fax

Name and Address of Entity or Person that owns or licenses the data subject to the breach			
Name Goldberg, Miller & Rubin, PC			
Street Address 121 South Broad St., Suite 1600	City Philadelphia	State PA	Zip Code 19107
Submitted by David G. Ries	Title Of Counsel	Dated 2/23/2017	
Firm Name (if different than entity) Clark Hill PLC			Telephone 412-394-7787
Email dries@clarkhill.com	Relationship to Entity whose information was compromised Attorney		

Type of Organization (please select one)		
<input type="checkbox"/> State of Indiana Government Agency	<input type="checkbox"/> Health Care	<input type="checkbox"/> Not-For-Profit
<input type="checkbox"/> Other Government Entity	<input type="checkbox"/> Financial Services	<input checked="" type="checkbox"/> Other -- please specify
<input type="checkbox"/> Educational	<input type="checkbox"/> Other Commercial	Law Firm

Number of Persons Affected	
Total (Indiana Included)	App. 5,700
Indiana Residents Only	2

Dates	
Date Breach Occurred (include start/end dates if known)	10/25/2016
Date Breach Discovered	10/25/2016
Date Consumers Notified	2/23/2017

Reason for delay, if any, in sending notification
Identification of individuals for notice required manual review of thousands of files.
FEB 27 2017

ATTORNEY GENERAL OF INDIANA
CONSUMER PROTECTION

Description of Breach (select all that apply)	
<input type="checkbox"/> Inadvertent disclosure	<input checked="" type="checkbox"/> External system breach (e.g. hacking)
<input type="checkbox"/> Insider wrong-doing	<input type="checkbox"/> Other
<input type="checkbox"/> Loss or theft of device or media (e.g. computer, laptop, external hard drive, thumb drive, CD, tape)	

Information Acquired (select all that apply)	
<input checked="" type="checkbox"/> Social Security Number	<input checked="" type="checkbox"/> Name in combination with (select all that apply)
	<input checked="" type="checkbox"/> Driver's License Number <input type="checkbox"/> State Identification Number <input type="checkbox"/> State Identification Number
	<input type="checkbox"/> Debit Card Number (in combination with security code, access code, password or PIN for account)

List dates of previous breach notifications (within last 12 months)	
None	

Manner of Notification to Affected Persons	Identity Theft Protection Service Offered		
Attach a copy of a sample notification letter	<input checked="" type="checkbox"/> Yes	Duration	12 months
	<input type="checkbox"/> No	Provider	AllClear ID
	Brief Description of Service:		
	Credit Monitoring and Identity Theft Repair		
<input checked="" type="checkbox"/> Written			
<input type="checkbox"/> Electronic (email)			
<input type="checkbox"/> Telephone			

Since this breach, we have taken the following steps to ensure it does not reoccur (attach additional pages if necessary):

A security researcher notified the firm that he was able to access electronic files at a facility maintained by a third-party service provider for backup and disaster recovery purposes. It appears that the service provider made an error in configuring the backup device. Upon discovery of the misconfiguration, the backup device was shut down immediately and the firm is now using an alternate secure service provider.

Any other information that may be relevant to the Office of Attorney General in reviewing this incident (attach additional pages if necessary):

Additional details are in the notice letter that is attached.